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<u>L4</u>	L3 and (data or lookup) same table same (information or histor\$3) same (healthcare or car\$3) same benefit\$3 same (member or person) same (review\$3	0	<u>L4</u>

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<u>L1</u>	(web adj based or webpage or internet or www or world wide web) near20 (manag\$3 care orgaization or mco nurs\$3 home living assistant)near20 (transact\$3 or plan\$4)	0	<u>L1</u>

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L8: Entry 1 of 1 File: PGPB Feb 28, 2002

DOCUMENT-IDENTIFIER: US 20020026332 A1

TITLE: System and method for automated creation of patient controlled records

Summary of Invention Paragraph:

[0029] Administrators of health plans (including workers' compensation) which include Third Party Administrators (TPAs), insurance companies, Health Maintenance Organizations (HMOs), Managed Care Organizations (MCOs) such as Preferred Provider Organizations/Point of Service (PPOs.POSs), and Pharmacy Benefit Managers (PBMs), etc.

Summary of Invention Paragraph:

[0042] Internet

Summary of Invention Paragraph:

[0068] Transmission Control Protocol/Internet Protocol (TCP/IP)

Summary of Invention Paragraph:

[0070] World Wide Web (Web)

Summary of Invention Paragraph:

[0071] De facto standard of protocols and formats for navigating, publishing and retrieving information, and transacting on the <u>Internet</u> and Intranet. *(Note: The above definitions are to provide the reader who may not be familiar with technical information systems and/or healthcare industry terminology, with a general understanding of the intent and uses of the present invention.

Summary of Invention Paragraph:

[0077] The system has an underlying technology and security architecture that supports the secure and continuous collection, integration, management, and dissemination of the consumers personal portable electronic health record. This system is comprised of a network of computers, related equipment and application software that uses the <u>Internet</u> and other technologies to build, maintain, update, secure and link the consumer's electronic medical record. The system is specifically engineered to excel at the secure collection and storage of sensitive personal health information.

Summary of Invention Paragraph:

[0087] As part of the healthcare management equation, the present invention is also intended to facilitate information via computer transactions to administrators of health plans, including insurance companies, Health Maintenance Organizations (HMOs), Third Party Administrators (TPAs), Managed Care Organizations (MCOs) and Pharmacy Benefit Managers (PBMs), etc. Although the individual retains complete control over the access and use of their electronic health record, interfaces with administrators of health plans ensures the collection and management of health care data. Further, when information that is held by a managed care organization is made accessible to physicians and hospitals it can assist in treatment plans by providing a broader aspect of historical medical data.

Detail Description Paragraph:

[0102] The system of the present invention described herein has been designed to provide an automated methodology to allow patients to play a more active role in the management and maintenance of their health. The system incorporates several unique capabilities and merges existing technologies in a novel design. The MedeWorks system is comprised of two major components: a back-end, bifurcated database and transaction processing infrastructure and a suite of front-end applications that are used by a variety of constituents, including healthcare consumers, physicians, emergency medical personnel, and health plan administrators. The entire architecture of the system has been developed in accordance with Transmission Control Protocol/internet Protocol (TCP/IP) technology standards and directly supports numerous Web-based applications. The overall design will be more readily understood in conjunction with the drawings, in which FIG. 1 shows a system block diagram of the present invention.

Detail Description Paragraph:

[0104] In FIG. 1, the process is started when MedeWorks contracts with a selfinsured or managed care organization (SIO/MCO) for the benefits provided by the system. Start block 20 and line 22 represent this contact with one of the above organizations 24. When the SIO/MCO has signed-up for the system's benefits, the SIO/MCO contacts the hospitals, laboratories, Pharmacy Benefit Managers, Third Party Administrators and HMOs, etc. that provide administrative and clinical services to the covered population. Those organizations are instructed to provide to the database manager, an electronic copy of medical information on covered individuals. This is shown by lines 26 and 28 and blocks 30 and 38. Information from block 30 sources is provided via line 32, through a refresh block 34 to line 36, to the security/control software 42 for the database 62 via line 60. Similarly, information from TPA block 38 is supplied via line 40 through a refresh procedure in block 52 to line 54, and the security/control software 42 for the database 62 via line 60. In block 46 the security/control software combines the information from block 30 with the demographic information from block 38. Block 48 initiates the enrollment process in which an account number is assigned along with a password. Information cannot enter or exit the System without being approved by the security block 48. Once the information has been approved, it is transferred to the data-in block 58 via line 56, which is then transferred to database 62 via line 60.

Detail Description Paragraph:

[0105] Once the data is in database 62, it is ready for use by the consumer and for transfer to those he or she so designate. The consumer 44 can access the security/control software via line 50 representing a phone or <u>Internet</u> connection. The consumer is issued a card, much like a credit card, that is used to access the system. For example, if the consumer is scheduled to visit a new doctor, he or she will simply present their access card to the physician's office staff, thereby permitting them to utilize the card to access the patient's complete medical record. The security block 48 would authorize via line 68, the release of data on line 64 through the data-out block 66 to line 70, and then to the doctor's office in block 30. In the same way, any of the entities in block 30 could access the database 62.

Detail Description Paragraph:

[0111] First, an account is setup for a group or an individual. When a group is signedup for coverage, an account setup procedure is initiated in block 164. As part of this procedure, the security block 48 is programmed to identify and accept demographic information on individual employees/members from the SIO/MCO 24. The SIO/MCO then downloads information on each person who will be covered by the benefit, via lines 100 and 102. The security block 48 passes this information to the Demographic Data Base (DDB) 140. The DDB 140 then passes the information to the Master Person Index (MPI) 146 via line 142 when the MPI is ready for the information. In a similar manner, an individual 44 can subscribe to the service by

contacting the account setup block 164 via line 166, which represents communication through an 800 number, the <u>Internet</u>, or faxed application. Once contacted, the account set-up block 164 provides for individual access via line 162 through the security block 48 to the Individual Data Base (IDB) 144. As a result, the individual can provide his or her own demographic and personal health information. This information is then added to the MPI 146 via line 143 so that it can be matched to medical information from other sources as it becomes available. An individual that is covered by a SIO/MCO can also provide additional medical or demographic information through the IDB 144 interface.

Detail Description Paragraph:

[0116] FIG. 3 shows how information can be used through a 911 emergency access system. In this example an individual 44 (FIG. 2) has previously authorized use of their medical information through the 911 system. In this method, a call is placed from a residence 200, or from a cell phone (not shown) through line 202 to a local telephone operating company such as a Regional Bell Operating Company 204. Depending on the system, the caller ID information such as phone number and address is passed to a Public Safety Answering Point (PSAP) 208 via line 206. The PSAP utilizes a look-up table that has been preprogrammed with an individual's medical information number. When the look-up table finds a match, it retrieves the information via line 72, data-out block 66 and line 64 that is connected to the database 62. The PSAP forwards the information via line 210 to a 911 Dispatcher 212. The Dispatcher 212 then sends the information to the emergency personal 214 or hospital ER 218 by voice, Internet, wireless, fax or e-mail. In this way, updated medical information can be automatically provided to emergency personnel, on a real-time basis, before they arrive on the scene of the medical emergency. The information is also then available to emergency room personnel when the patient arrives at the hospital.

Detail Description Paragraph:

[0129] To address these and other vital business requirements, the system uses a state-of-the-art computer system, employing a "best of class" strategy. The system is the underlying technology and security infrastructure that supports the consumer's lifelong electronic health record. The system is comprised of a network of computers, related equipment and software that uses the Internet and other advanced technologies to build, maintain, secure and link the consumer's medical record. Given the public's concern regarding the security and confidentiality of personally identifiable healthcare information, the system was specially engineered to excel at the secure collection and storage of sensitive personal health information as discussed with reference to FIG. 5. Specifically, the database has been constructed to partition demographic information from clinical data. This bifurcation prevents a security breach that would permit the breaching party to identify the specific medical records and history of any particular individual whose information is stored in the database. The records in the demographic and clinical history data-bases can only be linked through a third data base that stores a secret algorithm, unlocking the code to link the databases together.

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Pilot Software Announces Pilot Desktop Reporting For OLAP Applications; Integrates Crystal Report Writer Directly Into OLAP Applications

Business Wire; New York; Dec 14, 1998; Business/Technology Editors;

Start Page: 1

Dateline: MASSACHUSETTS

Abstract:

CAMBRIDGE, Mass. -- (BUSINESS WIRE)--Dec. 14, 1998--Pilot Software today announced Pilot Desktop Reporting, which seamlessly integrated standard reporting capabilities with all of its Pilot Decision Support Suite (PDSS) applications.

Pilot Desktop Reporting uses Seagate Software's Crystal Reports for providing quality printed reports. Seagate Crystal Reports is a market-leading database access and analysis tool specializing in presentation-quality reports from virtually any database. It offers flexible analysis and formatting capabilities, which enable reporting from the dynamic on-line analysis of PDSS.

Full Text:

Copyright Business Wire Dec 14, 1998

CAMBRIDGE, Mass.—(BUSINESS WIRE)—Dec. 14, 1998—Pilot Software today announced Pilot Desktop Reporting, which seamlessly integrated standard reporting capabilities with all of its Pilot Decision Support Suite (PDSS) applications.

Pilot Desktop Reporting uses Seagate Software's Crystal Reports for providing quality printed reports. Seagate Crystal Reports is a market-leading database access and analysis tool specializing in presentation-quality reports from virtually any database. It offers flexible analysis and formatting capabilities, which enable reporting from the dynamic on-line analysis of PDSS.

The new Pilot Desktop Reporting offers advanced reporting capabilities against PDSS. Using Crystal Reports Professional, users can develop their own reports using from custom PDSS applications or modify delivered reports in the Pilot Desktop framework.

PDSS is targeted at the full spectrum of cross-industry information users who need robust, high-performance analytical solutions. It enables people to analyze their operational, market and customer data, discover critical factors and trends that drive the business, then use that knowledge to take specific actions to optimize company performance.

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"Our customers have been requesting highly flexible reporting with presentation-quality output," said Walter Elliot, general manager, Pilot Software. "Pilot Desktop Reporting enables them to easily develop and run reports unique to their own organizational requirements. This is valuable because it allows customers to obtain a high degree of information accuracy and intelligence in a ready-to-use and flexible environment." Pricing and Availability

Pilot Desktop Reporting is available immediately. Special introductory pricing of \$7,995 is available through December 1998; after that, pricing will be \$9,995.

Pilot Software (www.pilotsw.com), a subsidiary of Platinum Equity Holdings, develops and markets **Web-based** and client/server business intelligence solutions designed to improve decision making through flexible analysis of market, customer and business data. More than 100,000 users in industries such as financial services, consumer packaged goods, telecommunications, health **care** and retail have rapidly deployed Pilot Software's online analytical processing (OLAP) and data mining solutions since its founding in 1984. Pilot Decision Support Suite's hybrid OLAP solution offers both high performance and the ability to analyze large data sets to **manage** all of an organization's divergent analytical needs. Headquartered in Cambridge, Mass., Pilot Software has a strong international presence with offices worldwide.

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L13: Entry 1 of 2

File: PGPB

Feb 28, 2002

DOCUMENT-IDENTIFIER: US 20020026332 A1

TITLE: System and method for automated creation of patient controlled records

Detail Description Paragraph:

[0104] In FIG. 1, the process is started when MedeWorks contracts with a selfinsured or managed care organization (SIO/MCO) for the benefits provided by the system. Start block 20 and line 22 represent this contact with one of the above organizations 24. When the SIO/MCO has signed-up for the system's benefits, the SIO/MCO contacts the hospitals, laboratories, Pharmacy Benefit Managers, Third Party Administrators and HMOs, etc. that provide administrative and clinical services to the covered population. Those organizations are instructed to provide to the database manager, an electronic copy of medical information on covered individuals. This is shown by lines 26 and 28 and blocks 30 and 38. Information from block 30 sources is provided via line 32, through a refresh block 34 to line 36, to the security/control software 42 for the database 62 via line 60. Similarly, information from TPA block 38 is supplied via line 40 through a refresh procedure in block 52 to line 54, and the security/control software 42 for the database 62 via line 60. In block 46 the security/control software combines the information from block 30 with the demographic information from block 38. Block 48 initiates the enrollment process in which an account number is assigned along with a password. Information cannot enter or exit the System without being approved by the security block 48. Once the information has been approved, it is transferred to the data-in block 58 via line 56, which is then transferred to database 62 via line 60.

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